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## *Facsimile Transmittal*

**DATE:** January 17, 2006

**TO:** USPTO

**ATTN:** AMENDMENT

**RE:** Serial No. 09/867,363

**FAX :** 571-273-8300

**FROM:** George C. Pappas

**Number of Pages Sent:** 21 (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN AMENDMENT IN 19 PAGES; TRANSMITTAL FORM (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, on:

1/17/06

(Date of Deposit)

Daria D. Khamedo

(Name of the Person Making the Deposit)

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Jan-17-2006 03:17pm From-8588456880

**JAN 17 2006**

T-114 P.002/021 F-913

U.S. Department of Commerce  
Patent and Trademark Office

**PATENT**

**AMENDMENT TRANSMITTAL FORM**

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**Customer No.: 23696  
Attorney Docket No.: 010094  
In Re Application of: James A. Hutchison, IV  
Serial Number: 09/867,363  
Filed: May 29, 2001  
Examiner: Aravind Moorthy  
Group Art Unit: 2131**

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

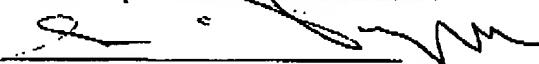
CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	72	72		x \$50 =	\$0
Independent**	6	6		x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES		<input type="checkbox"/> One Month		\$120	\$
		<input type="checkbox"/> Two Months		\$450	\$
		<input type="checkbox"/> Three Months		\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
				<b>TOTAL FEE</b>	<b>\$0</b>

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4.  Fee check in the amount of \$ \_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5.  Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 1/17/06

Signature: 

George C. Pappas, Reg. No. 35,065  
858-651-1306

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

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Depositor's Name: \_\_\_\_\_

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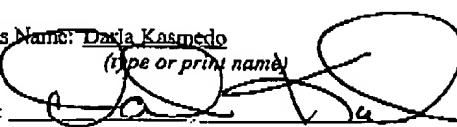
Date: 1/17/06

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transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla Kosmedo

*(type or print name)*

Signature: 

(TRANSAM.D.VER1.13-04/30/04)

Appl. No. 09/867,363  
Amndt. dated 1/17/06  
Reply to Office Action of 10/17/05

+ RECEIVED T-114 P.003/021 F-913

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PATENT

JAN 17 2006 Docket: 010094

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of )  
Krishnan, et al. ) For: POWER MANAGEMENT FOR  
Serial No. 09/867,363 ) SUBSCRIBER IDENTITY  
Filed: 5/29/01 ) MODULE  
 ) Group No. 2131

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 17, 2005, please amend the above-identified application as follows:

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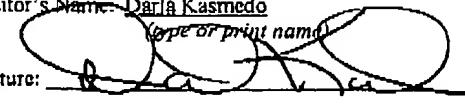
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Date: 1/16/06

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Depositor's Name: Darla Kasmemo

Signature: 

(type or print name)